

1. Initiator		2. Type of Review		3. RID Number
Name		<input type="checkbox"/> General Document Review		
Organization		<input checked="" type="checkbox"/> PDR, CDR, ABR , PPR (circle)		
Phone		<input type="checkbox"/> Other _____		
Fax				
5a. Doc. Number		6. Doc. Name		
84K00351-000		RTPS Packet Payload ICD		
5a. Doc. Revision				
Pre-Release 1				
6. Name of RID Team		RTPS Packet Payload RID Review Team		
7. Problem				
8. Recommendation				
<input type="checkbox"/> Hardcopy of Redlines/Comments Attached				
9. Impact if recommendation not implemented				
Initiator - Signature _____ Submission Date _____				
10. Team Recommendation		11. Action Required		
<input type="checkbox"/> Accepted		<input type="checkbox"/> Update Document		
<input type="checkbox"/> Rejected		<input type="checkbox"/> Study		
<input type="checkbox"/> Study		<input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Withdrawn		Comments		
<input type="checkbox"/> Deferred to CLCS CCB Screening Panel				
Comments				
RID Team Manager - Signature _____				
12. Final RID Closure Action		13. Additional Comments/Notes		
<input type="checkbox"/> RID to be incorporated in next revision				
<input type="checkbox"/> RID to be incorporated in other (specify)				
RID Team Manager - Signature _____				

Due **NO LATER THAN** June 30, 1997